

Managing the Needs of the Aging Injured Worker

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Building a Better Tomorrow



Managing the Needs of the Aging Injured Worker

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Agenda

- Review the affects of the aging process on the body
- Discuss how the aging process affects ones ability to safely do ones job
- Review strategies employers can implement to mitigate loss
- Understand the unique needs of the aging injured worker
 - What's related and what's not
- Review ways to set adequate reserves for the aging workforce



- **Traditionalists** born 1927(91)-1945(73) - Typically loyal, hardworking with the best collective work ethic
- **Baby Boomers** born 1946(72)-1964(54) 73 mil - Typically competitive, political, hardworking and entrepreneurial
- **Generation X** born 1965(53)-1981(37) 49 mil - Typically entrepreneurial, independent, looking to improve skill set
- **Millennials** born 1982(36)-2000(18) 80 mil - they're trustworthy, loyal, helpful, friendly, courteous, kind, obedient, cheerful, thrifty, brave, clean and reverent (75.3 mil in the workplace 18-34)
- **The New Silent Generation** born 2001(17) - present

- Older employees are less likely to become injured on the job, but when they do, injuries are more severe
- In addition to the severe physical injuries, fear, anxiety and depression often take a toll on the aging worker

Factors increasing aging workers' potential for a fall:

- Muscle weakness
- Balance problems
- Vision problems
- Side effects from medicines

Equipment needs
change

Potential for
additional surgery

Medications may
be contraindicated
or no longer
effective

Liver and Kidney
issues

Loss of family
caregiver/support

Are all these
changes related?

Is anyone
monitoring who is
prescribing what
medications?

Altered or
changes in
mobility

Loss of
extremity
strength

Respiratory

Complications
of aging

Increased
difficulty with
transfers

Bowel &
bladder
management

Loss of
independence

Self care
deficits

Increased
risk of
infection

Circulation

Side effects of
medications

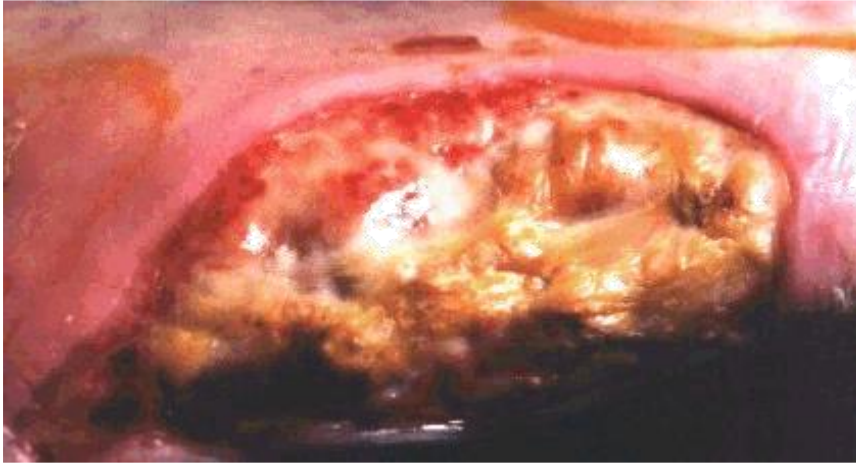
Liver and
kidney
function

Infectious disease is the third leading cause of death in the United States and continues to be the leading cause of death worldwide

- Emergence of new infectious diseases
- Re-emergence of old infectious diseases
- Persistence of intractable infectious diseases
- Infection risk increases with age and co-morbid factors

- **The literature on the management of ankle fractures in patients with diabetes has shown outcomes to be generally poor**
 - 42.3% incidence of complications in patients with diabetes compared to people without (McCormick and Leith)
 - 32% higher infection rate found in people with diabetes (Flynn, et. al.)
 - Those patients with diabetes who were treated conservatively had a greater tendency to become infected over those who treat with open reduction internal fixation (ORIF)
 - People with diabetes who are poorly controlled and had evidence of neuropathy were shown to be very difficult to manage

04-29-1997



06-30-1997



12-22-1997





- Decreased strength
- Decreased endurance
- Increased need for assistance

Example: Para, Quad or Amputee previously independent

Develops

- Shoulder impairment
- Rotator cuff tear
- Requires surgery

Post-Op Care Needs

- Therapy
- Nursing
- Attendant care
- Transportation

Now Dependent for

- Transfers
- ADL's
- Bowel & bladder
- Mobility
- Meal prep
- Transportation
- Shopping
- Housekeeping
- Laundry

Home Health Aide

- \$30/hr
- 24 hour care
- \$720.00/day
- 6 months for recovery
- @\$130,000.00

Nursing

- RN@\$55/hr
- \$1,320.00
- LPN@\$45/hr
- \$1,080.00

Transportation \$

- Therapies
- PT/OT
- 2-4 weeks in home
- 6-12 weeks outpatient
- In home @\$125.00/visit
- @\$1,500.00

Increased risk for developing wounds/infection





- On average, older people take four or five prescription drugs and two nonprescription (over-the-counter) drugs each day
- Drugs tend to stay in the body of older people longer, therefore becoming twice as susceptible to the side effects of drugs than younger people

Effects

- Size and blood flow decrease
- Ability to metabolize substances decreases
- Drug dosages may need to be decreased
- Risk of increased side effects from medications
- Kidneys are less able to excrete drugs into urine
- Liver is less able to break down many drugs

Kidney damage

- **NSAIDs**
 - Ibuprofen (Advil, Motrin)
 - Naproxen (Aleve, Naprosyn)

Digestive effects

- Loss of appetite
- Nausea
- A bloating sensation
- Constipation or diarrhea

Liver damage

- **Analgesics**
 - Acetaminophen
- **Antidepressants**
 - Cymbalta

Brain effects

- Drowsiness
- Confusion

- Occlusive peripheral arterial disease is common among older people and often results from atherosclerosis
- Occlusive peripheral arterial disease may affect 15 to 20% of people older than 70

Particularly common among:

- Smokers
- Diabetics
- Men
- Obese
- Physically inactive
- Family history of high blood pressure, high cholesterol, high homocysteine or atherosclerosis



Increased Risk with Aging

- Pneumonia/Respiratory compromise
- Recurrent infections
- Shingles

Preventative Measures

- Pneumonia vaccine
- Monthly pedicures
- Shingles vaccine
- Preventative physician visits

**Shorter memory
and slower reaction
time**

**More easily
distracted
(environmental
noise)**

**More adverse
effects
(environmental
temperature)**

**Muscle weakness
and poorer sense of
balance**

**Declining vision and
hearing**

**Denial of
decreasing abilities,
which can lead to
employees working
past their new limits**

Managing Safety for the Aging Workforce Before an Injury Occurs



- Many employers have shifted their focus to wellness and prevention as a means to address the healthcare costs of an aging workforce
- Emphasis placed on services such as smoking cessation and weight management in addition to addressing the current physical demands of the position
- Risk management shift to job modification for current employees
- Efforts to keep the aging workforce safe in the current work environment

Thank you!



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